

EXHIBIT D

EXHIBIT D

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

CHRISTIAN POWELL

Plaintiff,

-VS-

Civil Action No.: 1:21-CV-00721

CITY OF JAMESTOWN,
CITY OF JAMESTOWN CLERK,
JAMESTOWN POLICE DEPARTMENT,
JAMESTOWN POLICE CHIEF TIMOTHY
JACKSON,
COUNTY OF CHAUTAUQUA,
CHAUTAUQUA COUNTY SHERRIFF'S OFFICE,
CHAUTAUQUA COUNTY SHERRIFF JAMES B. QUATTRONE,
CHAUTAUQUA COUNTY UNDERSHERRIFF
DARRYL W. BRALEY,
JOHN DOES 1-10, said names being fictitious but
intended to be any other individual/officers involved
in the within incident and employees of the
CITY OF JAMESTOWN and/or JAMESTOWN POLICE
DEPARTMENT in their individual and official
capacities, and
JOHN DOES 1-10, said names being fictitious
but intended to be any other individual/officers involved
in the within incident and employees of the
COUNTY OF CHAUTAUQUA and/or
CHAUTAUQUA COUNTY SHERRIFF'S OFFICE in
their individual and official capacities,

Defendants.

DECLARATION OF MARK CONKLIN

I, Mark Conklin, make this Declaration under the penalties of perjury pursuant to 28

U.S.C. § 1746:

1. I am a Police Officer for the City of Jamestown Police Department and have held this

position since June 2019.

2. As part of my duties and responsibilities as a Police Officer for the Jamestown Police Department, I am required to document any and all instances where any amount of force is required to be used during the course of an arrest.

3. Attached as **Exhibit A** is a true and accurate copy of the case file that I created at 0332 hours regarding the December 10, 2020, arrest of Christian T. Powell, which took place in the City of Jamestown, County of Chautauqua, and State of New York.

4. Attached as **Exhibit B** is a true and accurate copy of the case file that I created at 0625 hours regarding the December 10, 2020, arrest of Christian T. Powell, which took place in the City of Jamestown, County of Chautauqua, and State of New York.

5. The attached **Exhibits A and B** are kept and maintained by the City of Jamestown Police Department in its regular course of business.

6. All of the information contained in the attached Case Files truly and accurately reflects my knowledge of what transpired during the arrest of Christian T. Powell which took place in the City of Jamestown, County of Chautauqua and State of New York.

Dated: August 26th, 2021



Mark Conklin

EXHIBIT A

EXHIBIT A

Case File #1044

1. Agency JAMESTOWN POLICE DEPART		2. Division/Precinct 3		New York State INCIDENT REPORT		3. ORI NY0060200		4. <input checked="" type="checkbox"/> Orig. <input type="checkbox"/> Supp.		5. Case No.		6. Incident No. 30699-20	
7. Report Day Thurs		8. Date 12-10-20		9. Report Time 0337		10. Date Thurs 12-10-20		11. Time 0337		12. Occurred To		13. Day	
14. Incident Type Jail Incident		15. Business Name		16. City, State, Zip (G T V) JAMESTOWN, NY 14701		17. Location Code 0702		18. Weapon		19. No. of Victims 0		20. No. of Suspects 1	
21. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) JPD Jail 201E 2nd Street		22. City, State, Zip (G T V) JAMESTOWN, NY 14701		23. No. of Victims 0		24. No. of Suspects 1		25. Person Type: CO=Complainant OT=Other PI=Person Interviewed PR=Person Reporting VI=Victim		26. Victim also Complainant Yes No		27. Telephone No.	
28. Type/No. PR		29. Name (Last, First, Middle) PO Conklin		30. DOB		31. STREET NO., STREET NAME, BUILD NO., APT. NO., CITY, STATE, ZIP JPD JAIL, 201E 2nd Street		32. Telephone No. 716 483 7522		33. Type/No. Table S		34. Name (Last, First, Middle) Powell, Christian T	
35. Date of Birth		36. Age		37. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		38. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		39. Ethnic <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Unk		40. Handicap <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Oth	
42. Type/No. Table S		43. Name (Last, First, Middle) Powell, Christian T		44. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) 111 Barrett Ave, Jamestown NY 14701		45. Phone No. 050-86-3613		46. Social Security No.		47. Apparent Condition <input checked="" type="checkbox"/> Impaired Drugs <input checked="" type="checkbox"/> Mental Dis. <input type="checkbox"/> Unk.		48. Impaired Alco. <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm	
49. Date of Birth 5/7/1996		50. Age 24		51. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		52. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		53. Ethnic <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Unk		54. Skin <input checked="" type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk		55. Occupation Table P	
56. Height 5'10" In		57. Weight 160		58. Hair BIN		59. Eyes HLL		60. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large		62. Employer/School	
63. Scars / Marks / Tattoos (Describe)		64. Misc.		65. Quant / Meas. Table U		66. Make or Drug Type - Table V		67. Model		68. Serial No.		69. Description	
70. Victim or Suspect No.		71. Property Status Table S		72. Property Type Table T		73. Make or Drug Type - Table V		74. Model		75. Serial No.		76. Description	
77. Veh. Status Table W		78. License Plate No.		79. State		80. Exp Yr		81. Plate Type		82. Value		83. Total	
84. Veh. Year		85. Make		86. Model		87. Style		88. VIN		89. Color(s)		90. Towed By	
91. Vehicle Notes		92. Vehicle Notes		93. Vehicle Notes		94. Vehicle Notes		95. Vehicle Notes		96. Vehicle Notes		97. Vehicle Notes	
<p>73. On 12-10-2020 writer (PO Conklin) was working in the Jamestown City Jail as the Jailor. At 0332 hrs (S) Christian T. Powell entered the Jail. Powell had been banging his head off of objects prior to arrival in the jail and had in return sustained some abrasions, mostly to the right side of his head. Officers called EMS into the jail, they responded around 0337 hrs. Powell refused to let EMS check him out he repeatedly said "dont touch me". EMS did say that Powell's injuries did not need stitches.</p>													
74. Inquiries (check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw		75. NYSPIN Message No.		76. Complainant Signature		77. Reporting Officer Signature (Include Rank)		78. ID No. 1044		79. Supervisors Signature (Include Rank)		80. ID No. 154	
81. Status <input type="checkbox"/> Vict. Refused To Coop <input type="checkbox"/> Arrest <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Unfounded		82. Status Date		83. Notified / TOT		84. Status Date		85. Notified / TOT		86. Status Date		87. Notified / TOT	
88. Status <input type="checkbox"/> Vict. Refused To Coop <input type="checkbox"/> Arrest <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Unfounded		89. Status Date		90. Notified / TOT		91. Status Date		92. Notified / TOT		93. Status Date		94. Notified / TOT	

DCJS-3205 (2/97) *FALSE STATEMENTS ARE PUNISHABLE AS A CRIME, PURSUANT TO THE NEW YORK STATE PENAL LAW

1. Agency JAMESTOWN POLICE DEPART		2. Division/Precinct 3		3. ORI NY0060200		4. <input checked="" type="checkbox"/> Orig. <input type="checkbox"/> Supp.		5. Case No.		6. Incident No. 3899-20					
7. Report Day Thurs		8. Date 12-10-20		9. Report Time 0337		10. Day Thurs		11. Date 12-10-20		12. Time 0337					
16. Incident Type Jail Incident		17. Business Name -		18. Weapon -		13. Day		14. Date		15. Time					
19. Incident Address (Street No., Street Name, Bldg. No. Apt. No.) JPD Jail 201 E 2nd Street				20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) JAMESTOWN, NY 14701				21. Location Code 0702		A X					
1		PL								23. No of Victims 0					
2										24. No of Suspects 1					
3										D					
										E					
										B F					
										H G					
										B H					
										H I					
										H					
27. Date of Birth		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispa.		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. Type/No Table O		35. Name (Last, First, Middle)		36. Alias/NickName/Maiden Name (Last, First, Middle)		37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis. <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco. <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm		33. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Oth <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk		J					
38. Address (Street No., Street Name, Bldg No. Apt. No. City, State, Zip)				39. Phone No.				40. Social Security No.							
41. Date of Birth		42. Age 0		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		44. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non Hispanic		46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk <input type="checkbox"/> Medium <input type="checkbox"/> Other					
48. Height 0 Ft 0 In		49. Weight 0		50. Hair Table Q		51. Eyes Table H		52. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts		53. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium					
56. Scars / Marks/ Tattoos (Describe)				57. Misc.				54. Employer/School							
								55. Address Table P							
59. Veh. Status Table W		60. License Plate No. <input type="checkbox"/> Full <input type="checkbox"/> Partial		61. State		62. Exp Yr		63. Plate Type		64. Value					
65. Veh. Year		66. Make		67. Model		68. Style		69. VIN							
70. Color(s)		71. Towed By: To:		72. Vehicle Notes											
73. <i>power was already a 9.41 constant upon arrival due to his self injurious behavior.</i>															
If more room is needed for narrative, continue on page 2 Field 85.															
74. Inquiries (check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Criminal History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other				75. NYSPIN Message No.				76. Complainant Signature							
77. Reporting Officer Signature (Include Rank) DHM				78. ID No. 1044				79. Supervisors Signature (include Rank) L. J. J. J.							
80. ID No. 184				81. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused To Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. No Custody <input type="checkbox"/> Arrest Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declined <input type="checkbox"/> Unknown				82. Status Date				83. Notified / TOT			
84. Page # 2 Of 2 Pages															

DCJS-3205 (2/97) *FALSE STATEMENTS ARE PUNISHABLE AS A CRIME, PURSUANT TO THE NEW YORK STATE PENAL LAW

EXHIBIT B

EXHIBIT B

Case File #1044

1. Agency JAMESTOWN POLICE DEPART		2. Division/Precinct 3		3. ORI NY0060200		4. <input checked="" type="checkbox"/> Orig. Supp.		5. Case No.		6. Incident No. 30704-20				
7. Report Day Thurs		8. Date 12-10-20		9. Report Time 0625		10. Day Thurs		11. Date 12-10-20		12. Time 0625				
13. Day Thurs		14. Date 12-10-20		15. Time 0946		16. Incident Type Jail Incident		17. Business Name		18. Weapon				
19. Incident Address (Street No, Street Name, Bldg. No, Apt. No.) JPD Jail, 201 e 2nd Street						20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) JAMESTOWN, NY 14701			21. Location Code 0702		B X			
1		PL								23. No. of Victims 0		C X		
2										24. No. of Suspects 1		D 12		
3												E X		
PR		PO Conklin		JPD, Jamestown NY 14701		716 483 7522						F X		
												H X		
												B G X		
												H X		
												B H X		
												B I X		
												H X		
27. Date of Birth		28. Age		29. Sex		30. Race		32. Handicap		33. Residence Status		34. Temp Res For Nat		
34. Type/No Table S		35. Name (Last, First, Middle) Powell, Christian T		36. Alias/Nick Name/Maiden Name (Last, First, Middle)		37. Apparent Condition		38. Address (Street No., Street Name, Bldg No, Apt. No, City, State, Zip) 111 Barrett Ave Jamestown NY		39. Phone No. 050-86-3613		40. Social Security No.		
41. Date of Birth 5-7-96		42. Age 24		29. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		44. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk		46. Skin <input checked="" type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk		47. Occupation		
48. Height 3 Ft 10 In		49. Weight 150		50. Hair Brown		51. Eyes Hazel		52. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large		54. Employer/School		
56. Scars / Marks / Tattoos (Describe)														
59. Veh. Status		60. License Plate No.		61. State		62. Exp Yr		63. Plate Type		64. Value				
Table W														
65. Veh. Year		66. Make		67. Model		68. Style		69. VIN						
70. Color(s)		71. Towed By		72. Vehicle Notes										
73. On 12-10-20 at around 0625 hrs writer (PO Conklin) was stationed in the Jamestown City Jail as the Jailor. (S) Christian T. Powell was in the jail on the booking bench. Powell had been upset due to his arrest, he intentionally hit his head against the concrete wall. Writer called for EMS in the jail so Powell could be evaluated. JFD responded to the jail and determined Powell should be transported to upmc as he was showing signs of a concussion, as well as swelling to the right side of his face.														
74. Inquiries (check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw						75. NYSPIN Message No.			76. Complainant Signature					
77. Reporting Officer Signature (Include Rank) PHIM M. Conklin						78. ID No. 1044			79. Supervisors Signature (Include Rank) Sgt. [Signature]			80. ID No. 1001		
81. Status <input type="checkbox"/> Vict. Refused To Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised						82. Status Date			83. Notified / TOT			84. Page # 1 Of 2 Pages		
81. Status <input type="checkbox"/> CBI <input type="checkbox"/> Juv. No Custody <input type="checkbox"/> Arrest Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declined <input type="checkbox"/> Unknown														

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